

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41485
Registrar's No. 412BIRTH NO. 75249-50REG. DIST. NO. 209PRIMARY REG. DIST. NO. 3043Registrar's No. 412

1. PLACE OF DEATH

a. COUNTY

Marionb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Hannibalc. LENGTH OF
STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Marion 0644c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Hannibald. STREET
ADDRESS

(If rural, give location)

605th Ely St.3. NAME OF
DECEASED
(Type or Print)

a. (First)

Doris

b. (Middle)

ANN

c. (Last)

OTT4. DATE
OF
DEATH

(Month)

(Day)

(Year)

Nov22-1950

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

Nov. 15, 19509. AGE (In years
last birthday)F UNDER 1 YEAR
MonthsF UNDER 1 YEAR
DaysF UNDER 1 YEAR
HoursF UNDER 1 YEAR
Min.710a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (State or foreign country)

Hannibal, Mo. 012. CITIZEN OF WHAT
COUNTRY?USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

Alyena Ott

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Alyena Ott 605th Ely Hannibal - Mo

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

PrematurityINTERVAL BETWEEN
ONSET AND DEATH7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death. Cerebral hemorrhage of brain - (mother)776X2 yrs.19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g.: in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month)

(Day)

(Year)

(Hour)

(Min.)

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 19 50, to Nov 22, 19 50, that I last saw the deceased
alive on Nov 22, 19 50, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

12-11-50Dr E M Lucke 89 DeputyJames O'Donnell Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 15 1950
STATE OF OH. HEALTH DEPT.
DATE FILED DEC 10 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Michael J. O'Hanley

Signed
Student Embalmer

Licensed Embalmer No. *3246*

P. O. Address: *Hannibal, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.